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FROM: Michael A. DeSanctis, Esq.

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DATE: March 14, 2006

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NUMBER OF PAGES (including this page): 7

F&B FILE: 249737

TO: Commissioner for Patents

TELEPHONE:

FAX: (571) 273-8300

MESSAGE**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Jeff N. Maggioncalda et al.

Examiner:

Thomas A. DIXON

Art Unit:

3639

Serial No.: 09/904,707

Confirmation No.: 4572

Filed: July 12, 2001

Atty. Docket No.: 59036-249737

For: USER INTERFACE FOR A FINANCIAL ADVISORY SYSTEM THAT ALLOWS AND END USER TO
INTERACTIVELY EXPLORE TRADEOFFS AMONG INPUT DECISIONS**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE TRANSMITTED TO THE UNITED STATES PATENT AND TRADEMARK
OFFICE VIA FACSIMILE NO. (571) 273-8300, ON: March 14, 2006.
Alicia R. Espinoza**Attached Correspondence:**

1. Transmittal Form (1 pg.);
2. Petition for Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b) (2 pgs.);
3. Part B - Issue Fee Transmittal;
4. Fee Transmittal and Credit Card Form

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ALICIA R. ESPINOZA AT 303-607-3728.**

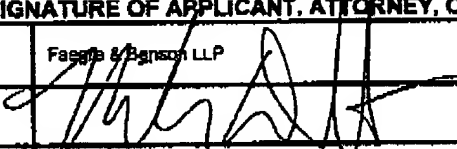
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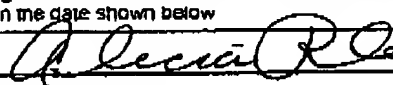
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/904,707
	Filing Date	07/12/2001
	First Named Inventor	Jeff N. Maggioncalda
	Art Unit	3639
	Examiner Name	Thomas A. DIXON
Total Number of Pages in This Submission	Attorney Docket Number	59038-249737

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Part B - Issue Fee Transmittal Sheet Credit Card Form
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Faegre & Benson LLP		
Signature			
Printed Name	Michael A. DeSantis		
Date	03/14/2006	Reg No.	39,957

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below			
Signature			
Typed or printed name	Alicia R. Espinoza	Date	03/14/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<p align="center"><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318).</i></p> <h2 align="center">FEE TRANSMITTAL for FY 2005</h2> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>TOTAL AMOUNT OF PAYMENT (\$)</p>		<p align="center"><i>Complete if Known</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Application Number</td> <td>09/904,707</td> </tr> <tr> <td>Filing Date</td> <td>07/12/2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Jeff N. Maggioncalda</td> </tr> <tr> <td>Examiner Name</td> <td>Thomas A. Dixon</td> </tr> <tr> <td>Art Unit</td> <td>3639</td> </tr> <tr> <td>Attorney Docket No.</td> <td>59036-248737</td> </tr> </table>		Application Number	09/904,707	Filing Date	07/12/2001	First Named Inventor	Jeff N. Maggioncalda	Examiner Name	Thomas A. Dixon	Art Unit	3639	Attorney Docket No.	59036-248737
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Examiner Name	Thomas A. Dixon														
Art Unit	3639														
Attorney Docket No.	59036-248737														

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- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
_____ -20 or HP= _____	x _____	= _____
Fee Paid (\$)		

Indep. Claims		
_____ - 3 or HP= _____	x _____	= _____
Fee Paid (\$)		

HP = highest number of total claims paid for, if greater than 20
HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x	_____	_____

4. OTHER FEES(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition to Revoke Fee and Issue Fee

\$3,200.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature: 		39,857	303-607-3500
Name (Print/Type): Michael A. DeSantos		Date	03/14/2006

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